EXHIBIT 2

AMERICAN UNDERWRITING MANAGERS		N14 W23833 Stoneridge Drive, Waukesha, Wt 53188			
nsured		-			
THOMAS SILVER					
Claimant			Examiner		
THOMAS SILVER			Lisa Kozik		
Policy Number	Claim Number	Eff Date	Exp Date	Date of Loss	
MHY00000143007	11C3159	06-23-2011	06-23-2012	10-30-2011	
For: Hull less depreciation	on and deductible-Reiss	ued - ATTACHMENT	г		
Check Number	Check Date		Amount		
10072099	05-24-2012		\$22,882.81		



Claims Service Center P.O. Box 906 Pewaukee, WI 53072-0906

(262) 548-9880 (800) 236-3113 www.markelcorp.com

	11-Jan-12	Claim: 11C3159		
Thomas Silver 55 Paumanake Road		Policy: MHY-143007		
Blue Point, NY 11715		DOL: 10/30/11		
	* Claim Evaluatio			
The follow	ing is an explanation o	f your claim settlement:		
DESCRIPTION	Hull			
Per TMS National Damage Appraisal		[
(Attached)	\$28,824.29			
Depreciation	(\$4,142.08)			
Subtotal	\$24,682.21			
Less deductible	(\$1,800.00)			
Total Net Payment:	\$22,882.20			
IF ADDITIONAL DAMAGES	ARE DISCOVERED	WE MUST BE NOTIFIED IMMEDIATELY.		
\$27,8827.4				

Markel Service Incorporated, claims service manager for Markel American Insurance Company, is providing settlement as detailed above. Should you have any questions, you can reach me at (800) 236-3113 ext. 3372, or kferch@markelcorp.com.

Sincerely,

Ken Ferch, AIC, SCLA Sr.Examiner, Claims

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.